

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☐ IXC ☐ CLEC ☐ ILEC ☐ Wireless

2002-92-C
222884

CERTIFICATED COMPANY INFORMATION

Company Name: RING CONNECTION, INC. FEIN/SSN: 4

Dbaf/ka: P.O. Box 535 Telephone #: (850) 682-0475

Mailing Address: CRESTVIEW, FL 32536-0535

City, State, Zip Code: 981 S. FERDON BLVD.

Business Location: CRESTVIEW, FL 32539 OKALOOSA

City, State, Zip Code: County

REGISTERED AGENT INFORMATION

Registered Agent: JOANNE BOYD

Mailing Address: 1307 RICHLAND AVE. WEST

City, State, Zip Code: AIKEN, SC 29801-3229

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A. HOLLEY BURNISON
 General Manager (Include address if different than above.)
(888) 990-9902 (877) 682-1524 HOLLEY@speedeenet.com
 Telephone Number Facsimile Number E-mail Address
- B. SAME AS ABOVE
 Customer Relations /Complaints Representative (Include address if different than above.)
 Telephone Number Facsimile Number E-mail Address
- C1. SAME AS ABOVE
 Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)
 Telephone Number Facsimile Number E-mail Address
- C2. SAME AS ABOVE
 Customer Contact (Toll Free Number)
- D. SAME AS ABOVE
 Engineering Operations (Include address if different than above.)
 Telephone Number Facsimile Number E-mail Address
- E. SAME AS ABOVE
 Test and Repair (Include address if different than above.)
 Telephone Number Facsimile Number E-mail Address

F. SAME AS ABOVE
Emergencies (During non-office hours)

Telephone Number Facsimile Number E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. SAME AS ABOVE
Regulatory Officer (Include address if different than above.)

Telephone Number Facsimile Number E-mail Address

H. SAME AS ABOVE
Dual Party Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address

I. SAME AS ABOVE
Interim LEC Fund Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address

J. SAME AS ABOVE
Universal Service Fund Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address

K. SAME AS ABOVE
Gross Receipts Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address

L. SAME AS ABOVE
Lifeline Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address

JAN McQUEEN
This form was completed by (print name)
Acct. Mgr.

Title

Jan McQueen
Signature
03/15/10

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201

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